

*Support Bulletin-7*

SENDER WILL CHECK CLASSIFICATION TOP AND BOTTOM			
<input checked="" type="checkbox"/>	UNCLASSIFIED	<input type="checkbox"/>	CONFIDENTIAL
			<input type="checkbox"/>
			SECRET
<b>OFFICIAL ROUTING SLIP</b>			
TO	NAME AND ADDRESS	DATE	INITIALS
1	25X1A9a Mr. [REDACTED]		
2	Special Assistant to the DDS 7D-10, Headquarters		
3			
4			
5			
6			
	ACTION	DIRECT REPLY	PREPARE REPLY
	APPROVAL	DISPATCH	RECOMMENDATION
	COMMENT	FILE	RETURN
	CONCURRENCE	<input checked="" type="checkbox"/> INFORMATION	SIGNATURE
<b>Remarks:</b>  <div style="margin-left: 40px;">25X1A9a</div> <div style="margin-left: 40px;">Mr. [REDACTED]</div> <div style="margin-left: 40px;">Forwarded per your request for</div> <div style="margin-left: 40px;">articles to be included in Support</div> <div style="margin-left: 40px;">Bulletin.</div> <div style="margin-left: 40px;">1) Office Claustrophobia?</div> <div style="margin-left: 40px;">2) Emergencies?</div>			
FOLD HERE TO RETURN TO SENDER			
FROM: NAME, ADDRESS AND PHONE NO.			DATE
25X1A9a [REDACTED] for [REDACTED], Chief, Records Admin. Br.			25 July 6
<input checked="" type="checkbox"/>	UNCLASSIFIED	<input type="checkbox"/>	CONFIDENTIAL
			SECRET

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